								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000)91	γ	1),4	15	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
TC	TAL CLAIMS		(Column	11)	(Colu		TYPE		OR 1	SMALL			
			13		AUU 1050 5V50			RATE FEE BASIC FEE 355.00		-	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BA	BASIC FEE 355.00		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/ mir	nus 20=	* 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		4)	(40=		OR	X80=		
MU	LTIPLE DEPEN	NDENT CLAIM P	RESENT				\[+	+135=		OR	+270=	,	
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	OTAL	1	OR	TOTAL	+	
CLAIMS AS AMENDED - PART II									L] •	OTHER	THAN	
	a comment of	(Column 1)	(Colur		SI	SMALL ENTITY		OR					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X	 40=			X80=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT C									OR			
							+	135= TOTAL		OR	+270= TOTAL		
								ADDIT. FEE OR ADDIT. FEE					
AMENDMENT B		(Column 1) CLAIMS		(Colur HIGH		(Column 3)			4001	1 1		1001	
		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X	40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM			٥٢			.070		
							1	35= TOTAL		IOR	+270= TOTAL		
								T. FEE		OR ,	ADDIT. FEE		
		(Column 1) CLAIMS		(Colun		(Column 3)	_		400i	ī			
MEN		REMAINING AFTER AMENDMENT		PREVIC PAID I	DUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X	10=		OB	X80=		
	HIRST PRESE	NTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM					OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								35=		OR	+270=		
** If	the "Highest Nur	mber Previously Pa mber Previously Pa	id For" IN THIS	S SPACE is	less than	n 20, enter "20."		TOTAL T. FEE		OR ,	TOTAL ADDIT, FEE	_	
		ber Previously Paid					ound in	the app	oropriate box	in colu	ımn 1.		